



THE UNITED STATES PATENT AND TRADEMARK OFFICE

Group Art Unit: 2177  
Examiner: Greta Lee Robinson

2177/8

In re Application of: Charles A. Hanson et al.  
Title: Special Device Access to Distributed  
Data  
Serial No.: 09/495,492

Filed: February 1, 2000  
Docket No.: UNI6-BI57 / 04MV1093  
Customer # 27516

Date: November 6, 2003

RECEIVED

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Commissioner of Patents  
P O Box 1450  
Alexandria, VA 22313-1450

Technology Center 2100

**AMENDMENT TRANSMITTAL**

Sir:

Transmitted herewith is an amendment and replacement of FIG. 1 for this application.  
Applicant is other than a small entity.

**EXTENSION OF TERM**

The proceedings herein are for a patent application and the provisions of 37 C.F.R. §1.136 apply.

(a)  Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)-(d)) for the total number of months checked below:

Extension (months)	Fee for other than small entity
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<input checked="" type="checkbox"/> one month	\$ 110.00
<input type="checkbox"/> two months	\$ 420.00
<input type="checkbox"/> three months	\$ 950.00
<input type="checkbox"/> four months	\$1,480.00
<input type="checkbox"/> five months	\$2,010.00

Fee \$ 110.00

If an additional extension of time is required, please consider this a petition therefore.

An extension for \_\_\_ months has already been secured and the fee paid therefore of \$\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$110.00

(b)  Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.

### FEES

The fee for Claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

FEE FOR CLAIMS CALCULATION			
Claims Remaining After Amendment	Highest No. Previously Paid For	Rate	Additional Fee
Total Claims ____ -	(if < 20, enter 20) ____ = ____ X	\$18.00	\$
Independent Claims ____ -	(if < 3, enter 3) ____ = ____ X	\$86.00	\$
First Presentation of Multiple dependent claims if any	+ _____		\$
Filing fee calculation			\$

Total additional fee for Claims required \$110.00  
 No additional fee for claims is required.

### FEE PAYMENT

Please charge Account No. 19-3790 the sum of \$110.00. If any additional extension and/or fee or any additional fee for claims is required, charge Account No. 19-3790.

A duplicate of this transmittal is attached.

Respectfully submitted,

*Beth L. McMahon 11/6/2003*  
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I hereby certify that this correspondence is being deposited in the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, P O Box 1450, Alexandria, VA 22313-1450 on November 6, 2003.

Beth L. McMahon  
Attorney for Applicants

*Beth L. McMahon*  
Signature

November 6, 2003